

**Filing Fee \$20.00**

**LIMITED PARTNERSHIP**

**STATE OF MAINE**

**PROOF OF AUTHORIZATION  
ALLOWING USE OF SIMILAR NAME**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Limited Partnership Allowing Similar Name)

Pursuant to 31 MRSA §403.2.A., the undersigned limited partnership executes and delivers for filing this proof of authorization for the use of a similar name:

The above-named limited partnership by such resolution hereby grants the use of the following similar name

\_\_\_\_\_  
to \_\_\_\_\_  
(requestor of similar name)

**DATED** \_\_\_\_\_

**GENERAL PARTNER(S)\***

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For General Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

\*Certificate **MUST** be signed by at least one **general partner**.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, **section** 453.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**